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CONFIRMATION NO. 6469

<b>SERIAL NUMBER</b> 10/695,155	<b>FILING OR 371(c) DATE</b> 10/27/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 51326-00004 (14376-218)
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 08/786,533 01/21/1997 ABN which is a CIP of 08/652,842 05/23/1996 ABN and is a CIP of 08/568,357 12/06/1996 ABN \* which is a CIP of 08/551,149 10/31/1995 ABN which is a CIP of 08/447,398 05/23/1995 PAT 6,761,894 which is a CIP of 08/289,667 08/12/1994 ABN which is a CIP of 08/156,358 11/23/1993 PAT 6,752,993  
 This application 10/695,155 is a CIP of 08/545,926 10/20/1995 ABN which is a CIP of 08/447,398 05/23/1995 PAT 6,761,894 which is a CIP of 08/289,667 08/12/1994 ABN which is a CIP of 08/156,358 11/23/1993 PAT 6,752,993  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/05/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
45200

**TITLE**  
Abundant extracellular products and methods for their production and use

<b>FILING FEE RECEIVED</b> 1258	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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